

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2008

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8516</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
4. Name, file number, and address of labor organization. <b>[REDACTED]</b> Labor Organization File Number <b>034-254</b> P.O. Box, Bldg., Room No., if any <b>[REDACTED]</b> P.O. Box, Building and Room Number, if any <b>[REDACTED]</b> Street <b>4545 Viewridge Ave., #100</b> Street <b>4545 Viewridge Avenue, #100</b> City <b>San Diego</b> City <b>San Diego</b> State <b>California</b> ZIP Code + 4 <b>92123-1633</b> State <b>California</b> ZIP Code + 4 <b>92123-1633</b>	
5. Position in labor organization, <b>Business Manager</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>[REDACTED]</b> Trade Name, if any <b>[REDACTED]</b> P.O. Box, Bldg., Room No., if any <b>[REDACTED]</b> Street <b>[REDACTED]</b> City <b>[REDACTED]</b> State <b>[REDACTED]</b> ZIP Code + 4 <b>[REDACTED]</b>	7.a. Nature of interest, Transaction, or Income. <b>[REDACTED]</b> 7.b. Amount. <b>[REDACTED]</b>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

**07/19/2005**

Date

**(858) 569-8900**

Telephone Number

Name of Person Filing Allen Shur

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name San Diego Electrical Health &amp; Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Box 231219

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

If 8.a. or 8.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Appointed by IBEW Local 569 as a labor Trustee.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Expenses for required attendance at scheduled Board of Trustees meetings.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer or Consultant ?

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Allen Shur

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Regional City Park Apartments

Trade Name, if any:

9. Business deals with:

☒ a. Labor Organization☐ b. Trust

If 8.b. or 8.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Serves on the Board of Directors.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Annual Board of Directors meeting/dinner.

12.b. Amount.

\$235

Name of Person Filing Allen Shur

File Number U-

## Part B Continuation Page

B. Having interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) a substantial part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).

Joseph &amp; Cardozo

9. Business deals with:



a. Labor Organization



b. Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Law firm employed by IBEW Local 569.

11.b. Approximate dollar value of such dealing.

\$99,578

12.a. Nature of interest held or income received.

One holiday gift of smoked salmon.

Total Amount

12

Name of Person Filing Allen Shur

File Number U-

## Part B Continuation Page

B. Holding interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Electrical Training Trust

9. Business deals with:



a. Labor Organization



b. Trust

10. If U.S. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Appointed by IBEW Local 569 as a labor Trustee.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Expenses for required attendance at scheduled Board of Trustees meetings and annual graduation ceremony.

12.b. Amount.

\$63

Name of Person Filing Allen Shur

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name San Diego Elec. Training Admin. Svcs Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4675 Viewridge Ave., Suite #D

City San Diego

State California ZIP Code + 4 92123

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Appointed by IBEW Local 569 as a labor Trustee.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Expenses for required attendance at scheduled Board of Trustees meetings.

## 12.b. Amount

\$53